

Fill in this information to identify your case:

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>21-40229</b>		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?  
 No. Go to Part 2.  
 Yes.
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	_____	_____
Number Street	When was the debt incurred?	_____	_____
City State ZIP Code	As of the date you file, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one.	<b>Type of PRIORITY unsecured claim:</b>	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or person injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **American Express**  
 Nonpriority Creditor's Name  
P.O. Box 650448  
 Number Street  
Dallas, TX 75265-0448  
 City State ZIP Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**  
 No  
 Yes

4.2 **American Radiology**  
 Nonpriority Creditor's Name  
712 N. Washington, Suite 101  
 Number Street  
Dallas, TX 75246  
 City State ZIP Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**  
 No  
 Yes

4.3 **American Radiology**  
 Nonpriority Creditor's Name  
712 N. Washington, Suite 101  
 Number Street  
Dallas, TX 75246  
 City State ZIP Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**  
 No  
 Yes

**Total claim** \$725.00

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
Credit Card

**Last 4 digits of account number** 4035

**When was the debt incurred?** 2020

**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
Medical Bill

**Last 4 digits of account number** \$123.00

**When was the debt incurred?** 2020

**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
Medical Bill

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (*if known*) **21-40229**

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

**After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.**

### Total claim

4.4	<p><b>BBVA</b> Nonpriority Creditor's Name <b>PO Box 192</b> Number Street <b>Birmingham, AL 35201</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9430</u></p> <p>When was the debt incurred? <u>2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Line of Credit</b></p>	\$35,449.00
4.5	<p><b>CBS Corporate</b> Nonpriority Creditor's Name <b>51 West 52nd</b> Number Street <b>New York, NY 10019</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>60,580.00</u></p> <p>When was the debt incurred? <u>2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>advertising</b></p>	\$60,580.00
4.6	<p><b>Chase</b> Nonpriority Creditor's Name <b>PO Box 15298</b> Number Street <b>Wilmington, DE 19850-5298</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7283</u></p> <p>When was the debt incurred? <u>_____</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	\$5,336.17

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7 Chase  
 Nonpriority Creditor's Name  
PO Box 15298  
 Number Street  
Wilmington, DE 19850-5298  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 2320

\$2,254.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Credit Card

4.8 Citi Advantage  
 Nonpriority Creditor's Name  
PO Box 9001037  
 Number Street  
Louisville, KY 40209  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 2276

\$62,841.31

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Credit Card

4.9 Citi Advantage AA  
 Nonpriority Creditor's Name  
PO Box 78045  
 Number Street  
Phoenix, AZ 85062  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 1356

\$29,244.00

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Credit Card

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<b>EIDL Loan</b> Nonpriority Creditor's Name <u>14925 Kingsport Road</u> Number Street <u>Fort Worth, TX 76155</u> City State ZIP Code	Last 4 digits of account number <u>7405</u> When was the debt incurred? <u>06/01/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b>	<u>\$150,000.00</u>
4.11	<b>Home Depot/Citi Card</b> Nonpriority Creditor's Name <u>PO Box 6497</u> Number Street <u>Sioux Falls, SD 57117-6497</u> City State ZIP Code	Last 4 digits of account number <u>3386</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<u>\$800.51</u>
4.12	<b>Hunt Reginal Care</b> Nonpriority Creditor's Name <u>PO Box 732651</u> Number Street <u>Dallas, TX 75373-2651</u> City State ZIP Code	Last 4 digits of account number <u>7031</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<u>\$276.35</u>

Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
Debtor 2	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name

Case number (if known) **21-40229**

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

**After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.**

**Total claim**

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

unknown

4.15 **Kenneth McClure**  
 Nonpriority Creditor's Name  
C/O Nelson Bumgardner Albritton P.C.  
204 N. Fredonia Street  
 Number Street  
Longview, TX 75601  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Business Debt**

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Remarks:** Civil lawsuit alleging damages between \$100,000.00 and \$250,000.00

4.16 **Methodist Health System**  
 Nonpriority Creditor's Name  
1441 N. Beckley Avenue  
 Number Street  
Dallas, TX 75203  
 City State ZIP Code

Last 4 digits of account number 0221

\$24,054.77

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Medical Bill**

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

\$646.13

4.17	<p><b>Methodist Medical Group</b> Nonpriority Creditor's Name  PO Box 733540 Number Street  Dallas, TX 75237 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3781</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify  <b>Other. Specify</b></p>
4.18	<p><b>Mike Albert Leasing</b> Nonpriority Creditor's Name  PO Box 643220 Number Street  Cincinnati, OH 45264 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0732</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify  <b>Other. Specify</b></p>
4.19	<p><b>NACM Southwest</b> Nonpriority Creditor's Name  751 Plaza Blvd. Number Street  Coppell, TX 75019 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify  <b>Other. Specify</b></p>

Debtor 1 Everett Charles Alexander  
 Debtor 2 Emily Paige Alexander  
 First Name Middle Name Last Name

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

\$729.39

4.20 Old Navy  
 Nonpriority Creditor's Name  
PO Box 530942  
 Number Street  
Atlanta, GA 30353  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 8470

\$729.39

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Credit Card

4.21 Pence Media  
 Nonpriority Creditor's Name  
2255 Ridge Rd.  
 Number Street  
Rockwall, TX 75032  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

\$20,212.00

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 advertising

4.22 St. Joseph Regional  
 Nonpriority Creditor's Name  
PO Box 679872  
 Number Street  
Dallas, TX 75267  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 1258

\$227.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Medical Bill

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.23	<p><b>St. Joseph Regional</b> Nonpriority Creditor's Name</p> <p><b>PO Box 679872</b> Number Street</p> <p><b>Dallas, TX 75267</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1258</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<u>\$8,976.71</u>
4.24	<p><b>Synchrony Bank</b> Nonpriority Creditor's Name</p> <p><b>Attn: Bankruptcy</b></p> <p><b>PO Box 960061</b> Number Street</p> <p><b>Orlando, FL 32896</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8490</u></p> <p>When was the debt incurred? <u>10/03/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<u>\$4,171.00</u>
4.25	<p><b>TAMU Div. of Finance and Operations</b> Nonpriority Creditor's Name</p> <p><b>General Services Complex/Suite 2801</b></p> <p><b>6001 TAMU</b> Number Street</p> <p><b>College Station, TX 77843-6001</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1593</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collecting for</b></p>	<u>\$500.00</u>

Debtor 1 Everett Charles Alexander  
 Debtor 2 Emily Paige Alexander  
 First Name Middle Name Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

\$4,575.05

**4.26 Texas Health Presbyterian Hospital**

Nonpriority Creditor's Name

4515 N. Sante Fe Ave.

Number Street

Oklahoma City, OK 73118

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Medical Bill

**4.27 Texas Health Presbyterian Hospital**

Nonpriority Creditor's Name

PO Box 676882

Number Street

Dallas, TX 75267

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 0895

\$3,036.93

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Medical Bill

**4.28 Texas Health Rockwall**

Nonpriority Creditor's Name

3150 Horizon Road Suite 131

Number Street

Rockwall, TX 75032

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$6,158.05

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
 Medical Bill

Debtor 1 Everett Charles Alexander  
 Debtor 2 Emily Paige Alexander  
 First Name Middle Name Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.29	<b>Texas Medicine Resources</b> Nonpriority Creditor's Name <u>PO Box 8549</u> Number Street <u>Fort Worth, TX 76124-0549</u> City State ZIP Code	Last 4 digits of account number <u>9442</u> When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$1,566.00</u>
4.30	<b>Urology Clinics of North Texas</b> Nonpriority Creditor's Name <u>Dept 1046, PO Box 650850</u> Number Street <u>Dallas, TX 75265</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$564.97</u>
4.31	<b>US Acute Care Solutions</b> Nonpriority Creditor's Name <u>4535 Dressler Rd. NW</u> Number Street <u>Canton, OH 44718</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$985.00</u>

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.32	<p><b>US Anesthesia Partners of Texas</b> Nonpriority Creditor's Name <b>PO Box 840855</b> Number Street <b>Dallas, TX 75284</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5459</u></p> <p>When was the debt incurred? <u>2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p>	<u>\$1,268.46</u>
4.33	<p><b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6894</u></p> <p>When was the debt incurred? <u>01/09/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Business Debt</b></p>	<u>\$24,687.00</u>
4.34	<p><b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6953</u></p> <p>When was the debt incurred? <u>02/05/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Business Debt - Line of Credit</b></p>	<u>\$149,067.00</u>

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.35	<p><b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> SBA loan</p>	<p>Last 4 digits of account number <u>6540</u></p> <p>When was the debt incurred? <u>03/08/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Business Debt - SBA Loan</b></p>
4.36	<p><b>Veritex Bank</b> Nonpriority Creditor's Name <b>1001 Main Street</b> Number Street <b>Garland, TX 75040</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7940</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>overdraft</b></p>

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

\$50,536.00

4.37 **WFFA Corporate**

Nonpriority Creditor's Name

**606 Young Street**

Number Street

**Dallas, TX 75202**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **advertising**

Debtor 1	Everett	Charles	Alexander	Case number (if known) <u>21-40229</u>
Debtor 2	Emily	Paige	Alexander	
	First Name	Middle Name	Last Name	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Capital Management Services, LP

Name 698 1/2 South Ogden Street

Number Street Buffalo, NY 14206-2317

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4023

Colven, Tran, & Meredith, P.C.

Name 1401 Burnham Dr.

Number Street Plano, TX 75093

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Colven, Tran, & Meredith, P.C.

Name 1401 Burnham Dr.

Number Street Plano, TX 75093

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Colven, Tran, & Meredith, P.C.

Name 1401 Burnham Dr.

Number Street Plano, TX 75093

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Szabo Associates

Name WFFA

Number Street 3355 Lenox Rd. NE Suite 9945

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Everett Charles Alexander  
Debtor 2 Emily Paige Alexander  
First Name Middle Name Last Name

Case number (if known) 21-40229

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$0.00</u>
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$1,165,860.08</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$1,165,860.08</u>

Fill in this information to identify your case:			
Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>21-40229</b>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
<b>1. Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$450,000.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$54,789.22
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$504,789.22

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$403,761.00
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$1,165,860.08
+ <b>Your total liabilities</b>	
	\$1,569,621.08

#### Part 3: Summarize Your Income and Expenses

<b>4. Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$10,335.51
<b>5. Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$9,638.75

Debtor 1	Everett	Charles	Alexander
Debtor 2	Emily	Paige	Alexander
	First Name	Middle Name	Last Name

Case number (if known) 21-40229

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+

9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case:			
Debtor 1	<b>Everett</b>	<b>Charles</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Emily</b>	<b>Paige</b>	<b>Alexander</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>21-40229</b>		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

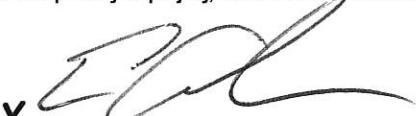
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature  
(Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
**X** /s/ Everett Charles Alexander

Everett Charles Alexander, Debtor 1

Date 5/11/21  
MM/ DD/ YYYY

  
**X** /s/ Emily Paige Alexander

Emily Paige Alexander, Debtor 2

Date 5/11/21  
MM/ DD/ YYYY

DeMarco-Mitchell, PLLC  
1255 West 15th Street  
Suite 805  
Plano, TX 75075  
Telephone: 972-578-1400  
Facsimile: 972-346-6791

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION

IN RE:

Everett Charles Alexander  
xxx-xx-5055  
8418 Carrie Lane  
Rowlett, TX 75089

Case No. 21-40229-R

Emily Paige Alexander  
xxx-xx-5356  
8418 Carrie Lane  
Rowlett, TX 75089

Chapter 7

Debtors

CERTIFICATE OF SERVICE

The undersigned certifies that true and correct copies of the attached Amended Schedule E/F were served upon all parties below in accordance with applicable rules of procedure on this 11/2 day of May, 2021.

Debtors:

Everett Charles Alexander  
8418 Carrie Lane  
Rowlett, TX 75089

Emily Paige Alexander  
8418 Carrie Lane  
Rowlett, TX 75089

**Chapter 7 Trustee:**

Christopher Moser  
2001 Bryan Street, Suite 1800  
Dallas, TX 75201  
[cmoser@qslwm.com](mailto:cmoser@qslwm.com)

**Additional Parties in Interest and/or Parties Requesting Notice:**

Lakeview Loan Servicing, LLC  
C/O Abbey U. Dreher  
Barrett Daffin Frappier Turner & Engel  
4004 Beltline Road, Suite 100  
Addison, TX 75001-4320  
[edecf@BDFGROUP.com](mailto:edecf@BDFGROUP.com)

Lakeview Loan Servicing, LLC  
C/O Paul K. Kim  
Barrett Daffin Frappier Turner & Engel  
15000 Surveyor Blvd. Suite 100  
Addison, TX 75001  
[edecf@BDFGROUP.com](mailto:edecf@BDFGROUP.com)

PRA Receivables Management, LLC  
PO Box 41021  
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[claims@recoverycorp.com](mailto:claims@recoverycorp.com)

Veritex Community Bank  
C/O John H. Ivie, III  
Ivie Law Firm  
1401 Burnham Drive  
Plano, TX 75093  
[john@colvenandtran.com](mailto:john@colvenandtran.com)

American Express  
P.O. Box 650448  
Dallas, TX 75265-0448

/s/ Michael S. Mitchell

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Counsel for Debtors